



Express Mail Mailing Label No. EV 334240564US

PATENT

Attorney Docket No. CDS-006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Bellantoni et al.  
SERIAL NO.: 10/820,435 GROUP NO.: 2123  
FILING DATE: April 8, 2004 EXAMINER: Not yet assigned  
TITLE: System-level Simulation of Devices Having Diverse Timing

**RESPONSE TO NOTICE TO FILE MISSING PARTS**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application dated June 22, 2004, enclosed for filing in the above-referenced application are the following:

- an Executed Declaration and Power of Attorney for Utility or Design Patent Application which, pursuant to 37 C.F.R. § 1.48(f)(1), corrects the inventorship;
- an Application Data Sheet; and
- a check for \$1,008.00 for the filing fee and surcharge.

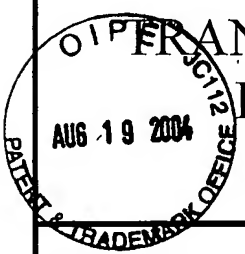
Applicants request and hereby authorize the Commissioner to credit any overpayment and charge any underpayment to Deposit Account No. 20-0531.

Date: August 19, 2004  
Reg. No. 33, 497

Tel. No.: (617) 310-8108  
Fax No.: (617) 790-0332

Respectfully submitted,

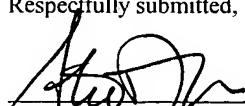
Steven J. Frank, Esq.  
Attorney for the Applicants  
Testa, Hurwitz, & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110

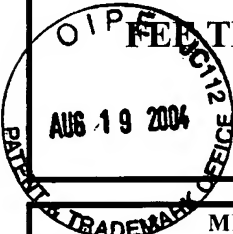
|  |                           |                  |
|--|---------------------------|------------------|
|  | Application Serial Number | 10/820,435       |
|  | Filing Date               | April 8, 2004    |
|  | First Named Inventor      | Bellantoni       |
|  | Group Art Unit            | 2123             |
|  | Examiner Name             | Not yet assigned |
|  | Attorney Docket No.       | CDS-006          |

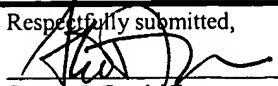
  

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.)<br><input checked="" type="checkbox"/> Check Attached (\$1008.00)<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (2 pgs.)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application (3 pgs.)<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 (1 pg.)<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Application Data Sheet (3 pgs.)<br><input checked="" type="checkbox"/> Response to Notice to File Missing Parts (1 pg.) |

| CORRESPONDENCE ADDRESS  | SIGNATURE BLOCK   |
|---|---|
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100 | Respectfully submitted,<br><br>Date: August 19, 2004<br>Reg. No. 33,497<br>Tel. No.: (617) 310-8108<br>Fax No.: (617) 248-7100<br>Steven J. Frank, Esq.<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |

|  |                           |                  |
|--|---------------------------|------------------|
|  | Complete if Known         |                  |
|  | Application Serial Number | 10/820,435       |
|  | Filing Date               | April 8, 2004    |
|  | First Named Inventor      | Bellantoni       |
|  | Group Art Unit            | 2123             |
|  | Examiner Name             | Not yet assigned |
|  | Attorney Docket No.       | CDS-006          |

| METHOD OF PAYMENT   |                                 | FEE CALCULATION (continued)  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
|---|---------------------------------|--|---------------------------------|-----------------------|-----------------------|--------------------|----------|-----|-------------------|-------------------------------------|--------|------------------------|----|--|--------------|--------------|--|---------------------------|--------------|-------|--------------|------------------------------------|--------|--------------------|----|--|------------------------|-----|--|---|------|--------------|------------|--|--|----------|--------------------------|---|------------------------|------|------|--|--|--------------|-----|------------------|--|-------------|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|----|-----------------------------------|--|---------------------------|--|--|--|---------------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check (\$1008.00) <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                                 | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130.00</td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1480</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2010</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>290</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> </tbody> </table> |                                 | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description    | Fee Paid | 130 | 65                | Surcharge - late filing fee or oath | 130.00 | 50                     | 25 | Surcharge - late provisional filing fee or cover sheet |              | 130          | 130  | Non-English specification |              | 2,520 | 2,520        | Request for ex parte reexamination |        | 110                | 55 | Extension for reply within first month |                        | 420 | 210  | Extension for reply within second month |      | 950          | 475        | Extension for reply within third month |  | 1480     | 740                      | Extension for reply within fourth month |                        | 2010 | 1005 | Extension for reply within fifth month |  | 330          | 165 | Notice of Appeal |  | 330         | 165 | Filing a brief in support of an appeal |  | 290 | 145 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 770 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 770 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  | 110 | 55 | Submission of Terminal Disclaimer |  | Other fee (Specify) _____ |  |  |  | Other fee (Specify) _____ |  |  |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$)           | Fee Description  | Fee Paid                        |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 130   | 65                              | Surcharge - late filing fee or oath  | 130.00                          |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 50  | 25                              | Surcharge - late provisional filing fee or cover sheet   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 130   | 130                             | Non-English specification  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 2,520   | 2,520                           | Request for ex parte reexamination   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 110   | 55                              | Extension for reply within first month   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 420   | 210                             | Extension for reply within second month  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 950   | 475                             | Extension for reply within third month   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 1480  | 740                             | Extension for reply within fourth month  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 2010  | 1005                            | Extension for reply within fifth month   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 330   | 165                             | Notice of Appeal   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 330   | 165                             | Filing a brief in support of an appeal   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 290   | 145                             | Request for oral hearing   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 130   | 130                             | Petitions to the Commissioner  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 180   | 180                             | Submission of Information Disclosure Statement   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 770   | 385                             | Filing a submission after final rejection (37 CFR 1.129(a))  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 770   | 385                             | For each additional invention to be examined (37 CFR 1.129(b))   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 100   | 100                             | Certificate of Correction for applicant's error  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 110   | 55                              | Submission of Terminal Disclaimer  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Other fee (Specify) _____   |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Other fee (Specify) _____   |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.   |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.   |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <b>FEE CALCULATION</b>  |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <b>1. FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>770</td> <td>Utility filing fee</td> <td>770.00</td> </tr> <tr> <td>340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>26</td> <td>- 20 = 6</td> <td>x \$ 18.00 =</td> <td>108.00</td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>- 3 =</td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$290.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>878.00</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$ 878.00)</td> </tr> </tbody> </table> |                                 | Large Entity Fee (\$)  | Fee Description                 | Fee Paid              | 770                   | Utility filing fee | 770.00   | 340 | Design filing fee |                                     | 160    | Provisional filing fee |    |  | Number Filed | Number Extra | Rate   | Amount                    | Total Claims | 26    | - 20 = 6     | x \$ 18.00 =                       | 108.00 | Independent Claims |    | - 3 =                                  | x \$ 86.00 =           |     | <input type="checkbox"/> Multiple Dependent Claim(s), if any |   |      |              | \$290.00 = | TOTAL:                                 |  |          |                          | 878.00                                  | SMALL ENTITY DISCOUNT: |      |      |  |  | SUBTOTAL (1) |     |                  |  | (\$ 878.00) |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Large Entity Fee (\$)   | Fee Description                 | Fee Paid   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 770   | Utility filing fee              | 770.00   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 340   | Design filing fee               |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| 160   | Provisional filing fee          |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
|   | Number Filed                    | Number Extra   | Rate                            | Amount                |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Total Claims  | 26                              | - 20 = 6   | x \$ 18.00 =                    | 108.00                |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Independent Claims  |                                 | - 3 =  | x \$ 86.00 =                    |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any  |                                 |  |                                 | \$290.00 =            |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| TOTAL:  |                                 |  |                                 | 878.00                |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| SUBTOTAL (1)  |                                 |  |                                 | (\$ 878.00)           |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <b>2. AMENDMENT CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$290.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>(\$0.00)</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$0.00)</td> </tr> </tbody> </table>   |                                 | Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra         | Rate                  | Fee Paid           | Total    | -   | =                 | x \$ 18.00 =                        |        | Indep.                 | -  | =  | x \$ 86.00 = |              | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |                           |              |       | + \$290.00 = | TOTAL:                             |        |                    |    | (\$0.00)                               | SMALL ENTITY DISCOUNT: |     |  |   | (\$) | SUBTOTAL (2) |            |  |  | (\$0.00) | SUBTOTAL (3) (\$ 130.00) |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra  | Rate                            | Fee Paid              |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Total   | -                               | =  | x \$ 18.00 =                    |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Indep.  | -                               | =  | x \$ 86.00 =                    |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim  |                                 |  |                                 | + \$290.00 =          |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| TOTAL:  |                                 |  |                                 | (\$0.00)              |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |  |                                 | (\$)                  |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| SUBTOTAL (2)  |                                 |  |                                 | (\$0.00)              |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
|   |                                 | SUBTOTAL (1) 878.00<br>SUBTOTAL (2) 0.00<br>SUBTOTAL (3) 130.00  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
|   |                                 | <b>TOTAL (\$ 1008.00)</b>  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| <b>CORRESPONDENCE ADDRESS</b>   |                                 | <b>SIGNATURE BLOCK</b>   |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100   |                                 | Respectfully submitted,<br><br>Steven J. Frank, Esq.<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110  |                                 |                       |                       |                    |          |     |                   |                                     |        |                        |    |  |              |              |  |                           |              |       |              |                                    |        |                    |    |  |                        |     |  |   |      |              |            |  |  |          |                          |   |                        |      |      |  |  |              |     |                  |  |             |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                           |  |  |  |                           |  |  |  |



UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail Mailing Label No.  
EV334240564USUNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/820,435         | 04/08/2004             | William Neifert       | CDS-006                |

CONFIRMATION NO. 7152

## FORMALITIES LETTER



\*OC000000013029381\*

021323  
TESTA, HURWITZ & THIBEAULT, LLP  
HIGH STREET TOWER  
125 HIGH STREET  
BOSTON, MA 02110

Date Mailed: 06/22/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$108 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$1008 for a Large Entity

- \$770 Statutory basic filing fee.
- \$130 Late oath or declaration Surcharge.

08/23/2004 MAHMED1 00000031 10820435

|            |           |
|------------|-----------|
| 01 FC:1001 | 770.00 OP |
| 02 FC:1051 | 130.00 OP |
| 03 FC:1202 | 108.00 OP |

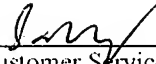
- Total additional claim fee(s) for this application is **\$108**

- **\$108** for **6** total claims over 20.

Replies should be mailed to:   Mail Stop Missing Parts  
  Commissioner for Patents  
  P.O. Box 1450  
  Alexandria VA 22313-1450

---

*A copy of this notice **MUST** be returned with the reply.*

  
\_\_\_\_\_  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE